

Old Acct Name: _____

(Office Use Only)

TOWN OF RURAL RETREAT

307 South Main Street

P.O. Box 130

Rural Retreat, VA 24368

Destroy Date: _____

(Office Use Only)

APPLICATION FOR WATER/WASTEWATER SERVICE

TODAY'S DATE: _____ Check one that applies: RENT _____ PURCHASE _____

SERVICE ADDRESS: _____

SERVICE START DATE: _____

NAME OF APPLICANT/OR BUSINESS

First

Middle

Last

BILLING ADDRESS: _____

PHONE #: _____ CELL PHONE #: _____ EMAIL: _____

DRIVERS LICENSE #: _____ STATE _____ SOCIAL SECURITY # _____

EMPLOYER: _____ EMPLOYER PHONE _____

LANDLORD-PROPERTY OWNER: _____ **PHONE #:** _____

PLEASE REMEMBER THAT WATER CAN ONLY BE INITIATED IN ONE PERSON'S NAME AND THAT PERSON IS RESPONSIBLE FOR ANY AMOUNT OWED.

PLEASE MAKE SURE THAT WHEN THE PERSON, WHO THE BILL IS NAMED, MOVES OUT HE/SHE TERMINATES THIS ACCOUNT WITH US.

The Town of Rural Retreat requires a \$50 deposit for all rental property. **This must be paid before service can begin.**

\$50.00 DEPOSIT PAID BY: CHECK CASH CREDIT CARD

The undersigned hereby requests the Town of Rural Retreat to provide services to the above location address. Applicant further agrees to pay for all water and sewer furnished to said premises at the rate now or hereafter established. Applicant recognizes the Town's right to discontinue at any time the furnishing of water and/or sewer services if bills are not paid at the proper time, or for violation of any rule governing water and sewer services. A 10% penalty will be applied to all bills that are not paid on or before the due date. Payments returned to the Town of Rural Retreat by your bank or financial institution may be charged a minimum \$35.00 return fee in addition to the original transaction amount.

By signing below, the Applicant unconditionally agrees to comply with the Town of Rural Retreat ordinances, and acknowledges responsibility for payment of service billings, and if applicable, late fees, and other fees that may apply to include damages to the Town's water service as a result of negligence or tampering. If monthly or final bills are not paid when due, Applicants will be subject to collection fees.

Signature _____

Date _____